

OCONUS PTDY/OCONUS LEAVE

For OCONUS PTDY the following information will be required:

A PTDY Checklist will be forwarded to Mr. Joel Strout at HRC with any and all Documentation from your University approving this trip. Before Packet can be considered USASD must have this approval. Must be part of your Schooling. Upon contacting Mr. Fayard at USASD, Ft Jackson, SC he will forward the PTDY Checklist to you. Mr. Strout's e-mail address is: joel.strout@us.army.mil Mr. Strout, upon approval will forward the approval letter to you.

DA-31 marked as PTDY to include all information that normally is provided on a DA-31.

A Sample DA-4187 that upon your request for the PTDY will be forwarded to you.

Most Recent Threat Certificate. This document cannot be more than a year old. WEBSITE for obtaining a new Document is: <https://atlevel1.dtic.mil/at/> When sending this document, if you e-mail, please note that once you get the document, you must print it off, scan and then e-mail. If you send as received, the document, once received at Ft Jackson will be scrambled and unreadable.

A Personnel Country Clearance Request will be forwarded to you. This needs to be filled out for each country you're going to or traveling through.

A Complete Travel Itinerary to include Dates of Travel, Modes of Transportation, Name of Hotels or where you will be staying and Phone Numbers.

PLEASE NOTE: Because of the High Volume of Documents Received for OCONUS PTDY the Student Detachment and the AG requires Documents to be submitted NLT 60 Days prior to your Departure. Any requests received which are under 50 Days Lead Time MAY BE DENIED. The requirement in the Foreign Clearance Guide for some Countries not only require a Personnel Clearance, but an Area Clearance and a Special Area Clearance. In some cases the requirement is that the Pentagon, the State Department and other officials have to have a minimum 45 Day lead time when they receive it. This will give the Detachment enough time to send the Packet through channels in a timely manner.

For CONUS Leave Other than PCS:

No Approval from Mr. Strout at HRC required.

DA-31 requesting OCONUS Leave

Most Recent Threat Certificate. As listed above for PTDY.

A Personnel Country Clearance Request. As Listed above for PTDY.

PERMISSIVE TDY
CHECKLIST/REQUEST

RANK/NAME/SSN:

CURRENT MAILING ADDRESS:

CAREER BRANCH/FUNCTIONAL AREA:

PROGRAM ENROLLED IN OR REQUESTING TO ENROLL IN:

DUTY LOCATION:

PERMISSIVE TDY DESTINATION:

DATES:

NUMBER OF DAYS:

JUSTIFICATION:

ENDORSEMENT FROM CIVILIAN INSTITUTION:

ENDORSEMENT FROM CURRENT COMMAND:

DA FORM 31 (REQUEST AND AUTHORITY FOR LEAVE):

REQUEST FOR ENROLLMENT INTO DCP, IAW AR 621-1, TRAINING OF
MILITARY PERSONNEL AT CIVILIAN INSTITUTIONS, CHAPTER 4,
PARAGRAPH 4-4 (IF NOT CURRENTLY ENROLLED INTO DCP) (DOES NOT
APPLY TO TWI OR FELLOWSHIP/SCHOLARSHIP STUDENTS).

NOTICE OF APPROVAL FOR ADMISSIONS FROM CIVILIAN INSTITUTION (IF
NOT CURRENTLY ENROLLED INTO DCP) (DOES NOT APPLY TO TWI OR
FELLOWSHIPS/SCHOLARSHIP STUDENTS).

EMAIL ADDRESS/PHONE NUMBER:

FORWARD THIS INFORMATION TO THE FOLLOWING ADDRESS:

Mr. Joel D. Strout
U.S. Army Human Resources Command
ATTN: AHRC-OPL-L
200 Stovall Street
Alexandria, Virginia 22332-0411
FAX: (703) 325-3242

Consult individual country entries for any content requirements specific to a given country.

CONTENT OF PERSONNEL CLEARANCE REQUEST

1. Use the following format and provide the information indicated for all personnel clearance requests: (A downloadable version of this form is available here:

[personnel_clearance.doc.](#))

[Begin Format] SUBJECT: Travel Clearance Request

1. Country or countries to be visited: [Enter country name(s).]
2. People traveling: (List each traveler, highest grade first.)
 - a. Name, grade or title, organization, and security clearance.
 - b. Citizenship or nationality if non-US.
3. Dates of travel and itinerary:
 - a. Flight information, if available.
 - b. Specific locations to be visited in each country, including each city, province, state, or island to be visited.
 - c. Date and time arriving and departing each location.
 - d. Alternate dates, if original dates cannot be accommodated.
4. Purpose of travel: (Be specific; "official business" is not adequate.)
 - a. Subjects to be discussed (FMS program, MOU, agreement, etc.). Since this is the purpose of the visit, it should be given in sufficient detail to permit evaluation against prescribed criteria, including the field of interest and the scope of the material to be covered.
 - b. Classification level and disclosure authority if briefing foreign nationals.
5. Organization(s) to be visited:
 - a. Name and address of organization(s) and/or individual(s) to be visited. For example, agencies or officials of foreign governments, representatives of industrial firms, AmEmbassy personnel, or DoD civilian or military personnel.
 - b. Name, grade or title, and local phone number of the point of contact or person extending the invitation.
6. Support required and source of funding:
 - a. Logistical and/or administrative support requested. Examples of such support are hotel accommodations, ground and air transportation, drivers, required onward bookings, courier service or storage for classified material, security guards or forces, assistance in preparing or presenting briefings, and assistance in arranging meetings. If no support is requested, so state.
 - b. Fund cite or other funding source for services requiring payment. State how the requested services are to be paid, e.g., with program funds, official credit card, fund cite. Do not include personal credit card numbers in the request message.
7. Statement(s):
 - a. Special Area Clearance (is/is not) requested. [See III.A in individual country entries, [III.A](#) in this Foreword, and headings A and B in Chapter Eight of the FCG General Information Volume.]
 - b. Level 1 antiterrorism/force protection (AT/FP) training completed on: [Insert the date it was completed or the date it will be completed prior to travel. See III.A in individual country entries and [III.A](#) in this Foreword.]
8. Theater-specific requirements: [Enter the country name and any theater-specific requirements from III.D.2. in the individual entry for that country.]
9. Country-specific requirements: [Enter the country name and any country-specific requirements from III.D.3 in the individual entry for that country.]

10. Information for contacting travelers at their home station: [For each traveler, give his or her name, grade or title, organization, commercial phone and fax, DSN phone and fax (optional), and email.] [End Format]
2. Theater-specific information for inclusion in paragraph 8 of the Travel Clearance Request: [See heading III.D.2 in individual country entries. The following is an only an example.]:
 - a. China:

(1) Anyone intending to travel alone should insert the following statement to show that his or her commanding officer has waived the PACOM two-person travel rule: "IAW the USPACOM buddy travel policy, commanding officer waives the two-person travel requirement."
3. Country-specific information for inclusion in paragraph 9 of the Travel Clearance Request: [See heading III.D.3 in individual country entries. The following is only an example.]
 - . South Africa: If meeting with South African officials, provide the following information:
 - (1) Branch of South African service.
 - (2) Date of rank.
 - (3) Date of birth.
 - (4) Address of unit.
 - (5) Previous destination of visiting group.
 - (6) Composition of visiting group.
 - (7) Any specific interest for leisure-time activity.
4. If the Travel Clearance Request is classified, include paragraph markings and downgrade instructions in accord with Executive Order 12958. Mark any classified paragraph whose contents can be released to foreign nationals appropriately, i.e., with the marking "US and [name of the specific country or countries] only." This will allow timely administrative coordination of the visit.
5. If personal information is required (e.g., Social Security number, birthplace), include the marking "Personal Data - Privacy Act of 1974."

PERSONNEL ACTION
FOR USE OF THIS FORM, SEE AR 600-8-6 AND DPA PAM 600 –8-21; THE PROPONENT AGENCY IS ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: TITLE 5 SECTION 3012; TITLE 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
Routine Uses: To initiate the process of a personnel action being requested by the soldier.
Disclosure: Voluntary, Failure to provide social security number may result in delay or error in processing the request for Personnel action.

| | | |
|----------------------------|--|--|
| 1. THRU (Include ZIP Code) | 2. TO (Include Zip Code) Commander, AHRC USATC & FJ ATTN: ATZJ-AG-POB Fort Jackson, SC 29207 | 3. FROM (Include Zip Code) Commander USASD 3330 Magruder Ave. Fort Jackson, SC 29207 |
|----------------------------|--|--|

SECTION I – PERSONNEL IDENTIFICATION

| | | |
|---------------------------|---------------------------|---------------------------|
| 4. NAME (Last, First, MI) | 5. GRADE OR RANK/PMOS/AOC | 6. SOCIAL SECURITY NUMBER |
|---------------------------|---------------------------|---------------------------|

Section II – DUTY STATUS CHANGE (AR-600-8-6)

7. The above soldier's duty status is changed from _____ to _____
_____ effective _____ hours, _____

Section III – REQUEST FOR PERSONNEL ACTION

8. I REQUEST THE FOLLOWING ACTION: (check as Appropriate)

| | | |
|---|--|---|
| <input type="checkbox"/> Service School (Enl only) | <input type="checkbox"/> Special Forces Training/Assignment | <input type="checkbox"/> Identification Card |
| <input type="checkbox"/> ROTC or Reserve Component Duty | <input type="checkbox"/> On the Job Training (Enl only) | <input type="checkbox"/> Identification Tags |
| <input type="checkbox"/> Volunteering for Overseas Service | <input type="checkbox"/> Retesting in Army Personnel Tests | <input type="checkbox"/> Separate Rations |
| <input type="checkbox"/> Ranger Training | <input type="checkbox"/> Reassignment Married Army Couples | <input type="checkbox"/> Leave – Excess/Advance/Outside CONUS |
| <input type="checkbox"/> Reassignment Extreme Family Problems | <input type="checkbox"/> Reclassification | <input type="checkbox"/> Change of Name/SSN/DOB |
| <input type="checkbox"/> Exchange Reassignment (Encl only) | <input type="checkbox"/> Officer Candidate School | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Airborne Training | <input type="checkbox"/> Asgmt of Pers with Exceptional Family Members | <input checked="" type="checkbox"/> OCONUS PTDY |
| 9. SIGNATURE OF SOLDIER (When Required) | | 10. DATE (YYYYMMDD) |

SECTION IV – REMARKS (applies to Sections II, III, and V) (Continue on Separate sheet)

1. Request authorization for OCONUS PTDY to (Country or Countries)
2. Commercial aircraft (or surface transportation) to (Country or Countries)
3. Airport (train) is (AIRPORT NAME) to (Country or Countries)
4. Passport Number: (Enter Full Number)
5. Passport Expiration Date: (DD/MMM/YYYY)
6. POC for this action is Mr. Jack Fayard 803-751-5389. BLDG 5450 RM 244

SECTION V – CERTIFICATION/APPROVAL/DISAPPROVAL

11. I CERTIFY THAT THE DUTY STATUS CHANGE (Section II) or that the request for personnel action (Section III) contained herein –

| | | | | |
|--|---|---|--------------------------------------|---|
| <input type="checkbox"/> HAS BEEN VERIFIED | <input type="checkbox"/> RECOMMEND APPROVAL | <input type="checkbox"/> RECOMMEND DIS APPROVAL | <input type="checkbox"/> IS APPROVED | <input type="checkbox"/> IS DISAPPROVED |
|--|---|---|--------------------------------------|---|

| | | |
|---|---------------|--------------------|
| 12. COMMANDER/AUTHORIZED REPRESENTATIVE | 13. SIGNATURE | 14 DATE (YYYYMMDD) |
|---|---------------|--------------------|